

**Amendment #1 (6/16/04) incorporates cancellation/termination language into this contract. Sections 2.12, 2.13, 2.14 & 2.15 become an integral part of this contract.**

**SERIAL 03191 - LOI MENTAL HEALTH SERVICES/MARICOPA COUNTY SUPERIOR COURT II (NIGP 95262)**

**CONTRACT PERIOD THROUGH JUNE 30, 2007**

TO: All Departments

FROM: Department of Materials Management

SUBJECT: Contract for **MENTAL HEALTH SERVICES/MARICOPA COUNTY SUPERIOR COURT II (NIGP 95262)**

Attached to this letter is published an effective purchasing contract for products and/or services to be supplied to Maricopa County activities as awarded by Maricopa County on **June 16, 2004.**

All purchases of products and/or services listed on the attached pages of this letter are to be obtained from the vendor holding the contract. Individuals are responsible to the vendor for purchases made outside of contracts. The contract period is indicated above.

---

Wes Baysinger, Director  
Materials Management

SF/mm  
Attach

Copy to: Clerk of the Board  
Lindy Funkhouser, Health Care Mandates  
Sharon Tohtsoni, Materials Management

(Please remove Serial 03128-LOI from your contract notebooks)

**CONTRACTORS MUST ACKNOWLEDGE RECEIPT OF THIS AMENDMENT BY SIGNING, DATING & RETURNING SUBJECT ACKNOWLEDGEMENT**

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Signature:

Date:

SPECIFICATIONS ON LOI FOR: **MENTAL HEALTH SERVICES/MARICOPA COUNTY SUPERIOR COURT II (NIGP 95262)**

1.0 **INTENT:**

The intent of this Review of Qualifications effort is to solicit applications/responses from those qualified individuals to provide mental health services to the Maricopa County Superior Court as defined herein. The Experts will perform services within their expertise as needed in matters before the Maricopa County Superior Court ("Court"). This LOI seeks Experts with qualifications to perform for the County one of more types of mental health services as mandated by law, including but not limited to prescreening, evaluation, examination, or treatment services. The services to be provided for the County are mandated by law, including but not limited to Arizona Rules of Criminal Procedure 11 and 26.5 and A.R.S. §§ 13-502(B), 13-703.02 and 13-703.03. Experts shall designate the types of services they are qualified to perform. (see section 2.5)

Maricopa County reserves the right to add additional contractors to this contract (should the County determine that the independent contractor option be exercised), as required. The contract resultant of this solicitation shall be a requirement contract. The resultant contract or agreement will be awarded for a specific period as determined by negotiations.

*If you are a current provider of any or all of the services, as defined herein, to the Superior Court of Maricopa County, it is important that you understand the necessity of submitting a response to this solicitation, if you desire the opportunity to apply for a position, as defined herein. The current contractor positions will no longer exist, in the near future.*

*All participants should understand that Maricopa County reserves the right to exercise all options available to the County as an integral part of this solicitation. Those options may include and are not limited to: independent contractor; contract employee; County employee. The determination concerning which option is exercised and the terms and conditions of any agreement utilized to satisfy the needs of the County, to include compensation, will be negotiated with the individual respondent(s) based upon the needs of the County.*

*Determination(s), of those responses most qualified for any position or award, are the responsibility of the County.*

- A. Experts should describe their qualifications to perform one or more of the following functions:
  1. Competency examination pursuant to Rule 11 of the Arizona Rules of Criminal Procedure. The Expert will examine a person charged with a crime in the Superior Court ("defendant") and recommend whether, as a result of a mental illness, defect or disability, the defendant is unable to understand the proceedings against him or her or to assist in his or her own defense.
  2. Outpatient competency treatment pursuant to Rule 11 of the Arizona Rules of Criminal Procedure. The Expert will treat a defendant who has been found incompetent pursuant to Rule 11, Arizona Rules of Criminal Procedure. In some cases, subject to Court approval, the Expert may supervise other qualified persons to treat the defendant. For example, the Expert may use the services of another qualified professional when the defendant needs educational services explaining the criminal justice process or the role of defense counsel and prosecuting attorney. The Expert should detail the qualifications of any other professional that the Expert proposes to use and describe the types of services that the other professional will provide.
  3. Pre-sentence examinations pursuant to Rule 26.5 of the Arizona Rules of Criminal Procedure. These are mental health or diagnostic evaluations to assist the court in considering the sentence of defendants that have been convicted of an offense.
  4. Guilty but insane examination pursuant to Arizona Revised Statutes § 13-502. The Expert will observe and evaluate a defendant in the case of a plea of insanity to an

alleged crime involving death or serious physical injury or the threat of death or serious physical injury to another person.

The Expert will submit a written evaluation to the court, defense counsel and the prosecutor. The Expert must be licensed pursuant to title 32 of the Arizona Revised Statutes, familiar with Arizona insanity statutes, a specialist in mental diseases and defects, and knowledgeable concerning insanity.

5. IQ examinations for defendants in death penalty cases pursuant to Arizona Revised Statutes § 13-703.02. In a case where the state intends to seek the death penalty the Expert will be appointed as a prescreening psychological expert to determine the defendant's intelligence quotient using current community, nationally and culturally accepted intelligence testing procedures. The Expert will submit a written report of the intelligence quotient determination to the court within ten days of the testing of the defendant.
6. Prescreening evaluations for competency and sanity in death penalty cases pursuant to Arizona Revised Statutes § 13-703.03. In a case where the state intends to seek the death penalty a psychologist Expert will be appointed to conduct a prescreening psychological evaluation. The evaluation will determine whether reasonable grounds exist to conduct another examination of the defendant's competency to stand trial and sanity at the time the defendant allegedly committed the offense. The Expert must be a psychologist licensed pursuant to title 32, chapter 19.1, A.R.S. § 32-2061 to 32-2086.
  - a. The above list of mandated mental health services is not exclusive. An Expert is free to offer qualifications to provide any other service that is (1) a professional mental health service, (2) mandated by state or federal law, (3) needed by the Court for pretrial criminal matters, and (4) a financial responsibility imposed upon the County. County is not bound to contract for any service.
  - b. *The County is not soliciting the services of general employment agencies for these contracts. It is seeking physicians, psychologists and other medical professionals who can demonstrate the requisite background and experience in legal determinations.*
  - c. Every effort has been made to include instructions, requirements, specifications, and other information necessary to complete your response to this Review of Qualifications (LOI). Any changes to this solicitation (if any) will be provided to participants by way of an addendum(s).

## 2.0 **SCOPE OF WORK/MINIMUM QUALIFICATIONS/CONDITIONS OF PARTICIPATION:**

### 2.1 SCOPE OF WORK:

- A. The Superior Court Administrator or designee will assign a case to an Expert.
- B. Payment is on a per-assignment basis and will be made to the Provider subsequent to completion.
- C. Experts must submit work in the format and according to the schedule set by the Court. An Expert should consult the applicable statutes and rules of court for deadlines and time-sensitive matters.
- D. An Expert should inform the Court of problems arising from the Court's notice of appointment and work with the Court through the Forensic Service Unit, judge or counsel, as may be appropriate, to resolve such problems.

### 2.2 MINIMUM QUALIFICATIONS:

- A. Qualifications for Physicians: A physician wishing to qualify as a "mental health expert" defined under A.R.S. § 13-4505 A shall:

1. Be a Medical Doctor or Osteopathic Physician currently licensed by the State of Arizona under Title 32, Chapters 13 or 17; and
  2. Be a graduate of a residency program in psychiatry accredited by the American College of Graduate Medical Education or foreign equivalent; and
  3. Submit to the court evidence of forensic experience an/or training in forensic psychiatry, as evidenced by either a, b, c or d below:
  4. Completion of one or more years of a Forensic Psychiatry fellowship and three reference familiar with the work product, at least one of whom is a superior court judge or commissioner, concerning the vendor's practice of forensic psychiatry; or
  5. Certification by the American Board of Forensic Psychiatry or added qualifications in forensic psychiatry by the American Board of Psychiatry and Neurology and three references familiar with the work product, at least one of whom is a superior court judge or commissioner, concerning the vendor's practice of forensic psychiatry; or
  6. Three years of post-residency experience, including 500 hours in forensic psychiatry, substantiated by submission of at least five written reports concerning competency to stand trial and three referenced familiar with the work product, at least one of whom is a Superior Court Judge, Commissioner or Hearing Officer concerning the vendor's practice of forensic psychiatry; or
  7. Two years of post-residency experience, with documentation of at least 1) 30 cumulative hours of forensic CME, or 2) residency training in forensic psychiatry within the previous three years and completion of the court-approved clinical preceptorship, and three references concerning the vendor's practice of psychiatry who are familiar with the work product.
- B. Qualifications for Psychologists: A psychologist wishing to qualify as a "mental health expert" defined under A.R.S. § 13-4505 A shall:
1. Be licensed pursuant to Title 32, Chapter 19.1; and
  2. Have completed training and/or gained experience in one of the following ways:
    - a. Diplomate status by the American Board of Forensic Psychology (American Board of Professional Psychology) and submission of three references familiar with the work product, at least one of whom is a superior court judge or commissioner, concerning the vendor's practice of forensic psychology; or
    - b. Three years of post-doctoral (although not necessarily post-licensure) experience in the practice of psychology including either 1) one year (1500 hours) of pre-doctoral forensic training with appropriate supervision as defined in A.R.S. § 32-2071(D) or 2) one year (1500 hours) of post-doctoral forensic training, fellowship, or verifiable work experience in a forensic setting. And submission of three references familiar with the work product, at least one of whom is a superior court judge or commissioner, concerning the vendor's practice of forensic psychology. If this training or experience is undertaken prior to licensure, it shall be appropriately supervised as defined in A.R.S. §32-2071 (E); or
    - c. Five years of post-licensure practice of psychology as defined in A.R.S. § 32-2061(7). In addition, 500 hours of documented experience in forensic psychology, plus 30 hours of continuing education in forensic psychology. And submission of three references familiar with the work product, at least one of whom is a superior court judge or commissioner, concerning the vendor's practice of forensic psychology; or
- Five years of post-licensure practice of psychology as defined in A.R.S. § 32-2601 (7) plus willingness to attend court-approved clinical preceptorship and

submission of three references concerning the applicant's practice of psychology who are familiar with the work product.

- C. Qualifications for Other Medical Professionals. Other medical professionals wishing to qualify for this solicitation shall:
1. Be licensed, if the applicable statute requires licensure as a prerequisite for the service that the Expert desires to provide. Experts who desire to know whether a service requires licensure may request clarification, in writing, from Materials Management or may submit a request for clarification with their qualifications, which shall be answered, in writing, after submittals have been opened.
  2. Submit a complete description of their formal education, training and experience in providing the service.
  3. Be willing to attend court-approved education and training that is relevant to the service that the Expert desires to provide.

2.3 CONDITIONS OF PARTICIPATION:

- A. Each Expert shall submit the following information in response to this LOI:
- 1 a current resume that includes degrees awarded, dates received, institution awarding degrees, relevant training, dates and locations of practice;
  - 2 a copy of current licenses held; and
  - 3 a signed release authorizing third party verification of information relating to degrees held and relevant work experience.
- B. Each Expert responding to this LOI agrees to do the following if selected:
- 1 Meet all court requirements for report content;
  - 2 Participate in ongoing court and peer review concerning reports submitted to the Court;
  - 3 Attend periodic additional forensic education training sessions as determined necessary by the Court at the expense of the contractor;
- (Required training, as determined necessary by the Court, are not expected to exceed 80 hours per year and are not expected to exceed \$1,500.00 per year, out of pocket expenses for the respondents chosen for award)*
- (The first required training, determined necessary by the Court, is scheduled for September 23<sup>rd</sup>, 24<sup>th</sup> & 25<sup>th</sup>, 2003. The registration fee for this conference is \$200.00. Information concerning this training and a registration form is included in this solicitation package, identified as Exhibit 1.)*
- Certain other training may be acceptable in lieu of the training noted above. If you feel other training previously completed, may be acceptable, please include all pertinent information related to that training, clearly identified, to include proof of attendance, as an integral part of your submission.*
- In addition, an applicant who cannot attend the September 2003 seminar or who does not have other acceptable training may indicate willingness to attend an "in service" training sponsored by the Superior Court. This training will be scheduled based upon need after completion of this solicitation and will be a condition of receiving a contract award.*
- 4 Supply additional information as may be required from time to time by the Court, including evidence of participation in continuing forensic education;

- 5 Behave with professional courtesy to all defendants assigned through the Court's appointment procedure;
  - 6 Enter into a contract setting out such additional terms and a fee schedule as agreed by the parties; and
  7. Remain in good standing with the County by continuing to comply with all conditions of participation.
- C. Each Expert responding to this LOI warrants and represents that within the past five years no regulating agency has restricted the Expert's license or scope of practice for any matter related to mental health services.

**Respondent interviews may be conducted, at the discretion of the County. The County will make every reasonable effort (scheduling) to accommodate the respondent.**

2.4 COMPENSATION/FEES:

~~Respondents are specifically asked to not submit pricing in any form. Compensation/fees/rate will be determined by negotiation, prior to determination.~~

**Compensation/fees are pre-determined. See Pricing Page, Attachment A for "per assignment" or "hourly rate".**

**Allowable "no show fees" and allowable "trial testimony fees" are incorporated into this solicitation. Definitions are listed below.**

**"NO SHOW" FEES**

**Maricopa County will pay a Mental Health Expert a flat fee of \$150.00 for a missed appointment (No Show Fee) only in the following circumstances:**

1. The Service to be provided is an out-of-custody evaluation pursuant to Rule 11, Arizona Rules of Criminal Procedure;
2. The Mental Health Expert, the court, or counsel informed the client of the date of the appointment;
3. The client was more than 15 minutes late for the appointment.

**TRIAL TESTIMONY**

**In the event the Mental Health Expert is called to testify in support of findings rendered pursuant to this contract, Maricopa County will pay the Mental Health Expert up to \$450.00 per day, as determined by the following rate: \$300.00 for the first four hours of testimony and \$150.00 for any testimony in excess of four hours for the day.**

2.5 WHAT TO SUBMIT AS A RESPONSE TO THIS LOI (MANDATORY)

**PLEASE SUBMIT THREE (3) COPIES (ONE (1) "ORIGINAL" AND TWO (2) "COPIES") OF THE FOLLOWING TO THE ADDRESS LISTED IN THE "INQUIRIES" SECTION.**

2.5.1 ATTACHMENT A

2.5.2 ATTACHMENT B

2.5.3 ATTACHMENT C

2.5.4 LETTER OF INTEREST

**2.5.5 RESUME OR CV WITH DETAILED INFORMATION ON EXPERIENCE AND EDUCATION. WITH EMPHASIS ON THAT WHICH IS RELEVANT TO THIS SOLICITATION**

**2.5.6 CREDENTIALS (COPIES OF LICENSES, DIPLOMAS, CERTIFICATIONS, ETC.)**

**2.6 INQUIRIES:**

All inquiries concerning information contained herein shall be addressed to:

MARICOPA COUNTY  
DEPARTMENT OF MATERIALS MANAGEMENT  
ATTN: CONTRACT ADMINISTRATION  
320 WEST LINCOLN  
PHOENIX AZ 85003

Questions shall be addressed to:

STAN FISHER, SENIOR PROCUREMENT CONSULTANT - 602-506-3274 FAX 602-258-1573  
EMAIL: [sfisher@mail.maricopa.gov](mailto:sfisher@mail.maricopa.gov)

**NOTE: All inquiries must be submitted in writing via fax or e-mail. No oral communication is binding on Maricopa County.**

**2.7 CONFLICTS**

**A Mental Health Expert who performs a service regarding a defendant pursuant to this contract shall refrain from accepting employment from the defendant or the defendant's counsel in the same case or matter in which the Mental Health Expert was appointed pursuant to this contract. A Mental Health Expert who has been employed by a defendant or the defendant's counsel in a case or matter shall not perform, or accept appointment to perform, services pursuant to this contract regarding the defendant in the same case or matter. A material breach of this provision shall be grounds to terminate this contract and for restitution of monies that the County paid to the Mental Health Expert in the matter constituting the breach. This provision may be enforced by setoff against other monies owed by the County to the Mental Health Expert.**

**2.8 REFERENCES:**

If possible, Respondents must provide at least three (3) reference accounts to whom they are presently providing this or a similar service. Included must be name of government or company, individual to contact, phone number and address. Preference in awarding this Contract may be given to Contractors furnishing government accounts similar in size to Maricopa County.

**2.9 SUBCONTRACTS FOR RULE 11 EDUCATION SERVICES**

**A Mental Health Expert, who has contracted with the County to restore a defendant to competency pursuant to Rule 11, Arizona Rules of Criminal Procedure, may subcontract with other qualified persons to provide Rule 11 Education Services to a defendant. "Rule 11 Education Services" means teaching or counseling a defendant to understand and interact with the criminal justice system, the courts, and defense counsel, so that the defendant will meaningfully understand his or her criminal charges and assist legal counsel in the defendant's defense. The subcontractor may bill separately for Rule 11 Education Services, provided that the bill is certified by the contractor as a service being performed under the contractor's prime contract. The subcontractor's bill will be paid up to the flat-fee limits (the "Aggregate Billing Limit") for such services under this Contract. Contractor and subcontractor shall be responsible for coordinating their billings so that contractor and subcontractor are properly compensated up to the Aggregate Billing Limit. The County**

**shall have no responsibility to resolve disputes among contractor and subcontractor regarding billing or compensation under this Contract.**

**2.10 EVALUATION CRITERIA:**

The evaluation of this LOI will be based on but not limited to the following:

Qualifications

Experience

Successful negotiations concerning compensation and terms and conditions.

**2.11 REGISTRATION:**

*Respondents are required to be registered with Maricopa County prior to receiving an award for any County Business. Failure to comply with this requirement will cause your LOI to be declared non-responsive. Registration Forms are available from the Department of Materials Management, 320 West Lincoln Street, Phoenix, Arizona 85003 or by calling (602) 506-3244.*

**2.12 UNCONDITIONAL TERMINATION FOR CONVENIENCE:**

Maricopa County may terminate the resultant Contract for convenience by providing thirty (30) calendar days advance notice to the Contractor. The Contractor may also terminate the resultant contract by providing thirty (30) calendar days notice to the County

**2.13 TERMINATION FOR DEFAULT:**

If the Contractor fails to meet deadlines, or fails to provide the agreed upon service altogether, a termination for default will be issued. The termination for default will be issued only after the County deems that the Contractor has failed to remedy the problem after being forewarned.

**2.14 TERMINATION BY THE COUNTY:**

If the Contractor should be adjudged bankrupt or should make a general assignment for the benefit of its creditors, or if a receiver should be appointed on account of its insolvency, the County may terminate this Contract. If the Contractor should persistently or repeatedly refuse or should fail, except in cases for which extension of time is provided, to provide enough properly skilled workers or proper materials, or persistently disregard laws and ordinances, or not proceed with work or otherwise be guilty of a substantial violation of any provision of this Contract, then the County may terminate this Contract. Prior to termination of this Contract, the County shall give the Contractor fifteen (15) calendar days written notice. Upon receipt of such termination notice, the Contractor shall be allowed fifteen (15) calendar days to cure such deficiencies.

**2.15 STATUTORY RIGHT OF CANCELLATION FOR CONFLICT OF INTEREST:**

Notice is given that pursuant to A.R.S. § 38-511 the County may cancel this Contract without penalty or further obligation within three years after execution of the contract, if any person significantly involved in initiating, negotiating, securing, drafting or creating the contract on behalf of the County is at any time while the Contract or any extension of the Contract is in effect, an employee or agent of any other party to the Contract in any capacity or consultant to any other party of the Contract with respect to the subject matter of the Contract. Additionally, pursuant to A.R.S § 38-511 the County may recoup any fee or commission paid or due to any person significantly involved in initiating, negotiating, securing, drafting or creating the contract on behalf of the County from any other party to the contract arising as the result of the Contract.



**DAVID BIEGEN ED.D, ARROWHEAD MEDICAL PLAZA II, 18700 N 64<sup>TH</sup> DR #106, GLENDALE, AZ 85308**

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

**ITEM DESCRIPTION**

**COMPENSATION/RATE**

**MENTAL HEALTH EXPERT**  
(as defined herein)

see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

- |  |                                 |
|--|---------------------------------|
| <b>1. Rule 11 Competency Evaluations</b>                                 | <b>\$300.00 per assignment</b>  |
| <b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b>              | <b>\$600.00 per assignment</b>  |
| <b>4. A.R.S. § 13-703.02 IQ Examinations of Death Penalty Defendants</b> | <b>\$500.00 per assignment</b>  |
| <b>6. Rule 11 Outpatient Competency Restoration</b>                      | <b>\$150.00 per hour</b>        |
| <b>7. "No show fees" as defined in 2.4</b>                               | <b>\$150.00 per appointment</b> |
| <b>8. Trial testimony as defined in 2.4</b>                              |                                 |
| a) First four (4) hours of testimony                                     | <b>\$300.00</b>                 |
| b) Any testimony in excess of four (4) hours for the day                 | <b>\$150.00</b>                 |

Terms: NET 30

Federal Tax ID Number: 86-0410083

Vendor Number: 860410083

Telephone Number: 602/825-0500

Fax Number: 480/473-7714

Contract Period: To cover the period ending **June 30, 2007.**

**ROBERT A BLOCK PHD, 5757 W THUNDERBIRD #W401, GLENDALE, AZ 85306**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_\_ YES ☒ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES \_\_\_\_ NO

PRICING SHEET P080106/B0700066 NIGP 95262

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**ITEM DESCRIPTION**

**COMPENSATION/RATE**

**MENTAL HEALTH EXPERT**  
(as defined herein)

see below ----/HR.

ALL COMPENSATION/FEEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

- |   |                                 |
|---|---------------------------------|
| <b>1. Rule 11 Competency Evaluations</b>  | <b>\$300.00 per assignment</b>  |
| <b>2. Rule 26.5 Pre-sentence Evaluations</b>  | <b>\$300.00 per assignment</b>  |
| <b>4. A.R.S. § 13-703.02 IQ Examinations of Death Penalty Defendants</b>                                | <b>\$500.00 per assignment</b>  |
| <b>5. A.R.S. § 13-703.03 Prescreening Evaluatoinis for Competency and Sanity in Death Penalty Cases</b> | <b>\$200.00 per assignment</b>  |
| <b>7. "No show fees" as defined in 2.4</b>  | <b>\$150.00 per appointment</b> |
| <b>8. Trial testimony as defined in 2.4</b>   |                                 |
| <b>a) First four (4) hours of testimony</b>   | <b>\$300.00</b>                 |
| <b>b) Any testimony in excess of four (4) hours for the day</b>   | <b>\$150.00</b>                 |

Terms: NET 30

Federal Tax ID Number: 86-0754922

Vendor Number: 860754922

Telephone Number: 602/439-0475

Fax Number: 602/439-0103

Contract Period: To cover the period ending **June 30, 2007.**

**NEUROPSYCHOLOGY ASSOCIATES, 301 E BETHANY HOME RD #A125, PHOENIX, AZ 85012**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080106/B0700066 NIGP 95262

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**ITEM DESCRIPTION**

**COMPENSATION/RATE**

**MENTAL HEALTH EXPERT**  
(as defined herein)

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**SERVICE**

- |   |                                 |
|---|---------------------------------|
| <b>1. Rule 11 Competency Evaluations</b>                        | <b>\$300.00 per assignment</b>  |
| <b>7. "No show fees" as defined in 2.4</b>                      | <b>\$150.00 per appointment</b> |
| <b>8. Trial testimony as defined in 2.4</b>                     |                                 |
| <b>a) First four (4) hours of testimony</b>                     | <b>\$300.00</b>                 |
| <b>b) Any testimony in excess of four (4) hours for the day</b> | <b>\$150.00</b>                 |

Terms: NET 30

Federal Tax ID Number: 86-0524704

Vendor Number: 860524704

Telephone Number: 602/230-8324

Fax Number: 602/274-7402

Contact Person: Daniel Blackwood

Contract Period: To cover the period ending **June 30, 2007.**

**LORNA GALE CHEIFETZ PSY.D, 3930 E CAMELBACK RD SUITE 207, PHOENIX, AZ 85018**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_\_ YES \_\_\_\_ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: \_\_\_\_ YES \_\_\_\_ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

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**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>2. Rule 26.5 Pre-sentence Evaluations</b>	<b>\$300.00 per assignment</b>
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<b>8. Trial testimony as defined in 2.4</b>	
a) First four (4) hours of testimony	<b>\$300.00</b>
b) Any testimony in excess of four (4) hours for the day	<b>\$150.00</b>

Terms: NET 30

Federal Tax ID Number: 52-6025245

Vendor Number: 526025245

Telephone Number: 602/381-1277

Fax Number: 602/381-1470

Contract Period: To cover the period ending **June 30, 2007.**

**MICHAEL COFIELD PHD, #450, 7942 W BELL ROAD SUITE C-5, GLENDALE, AZ 85308**

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

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**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>7. "No show fees" as defined in 2.4</b>	<b>\$150.00 per appointment</b>
<b>8. Trial testimony as defined in 2.4</b>	
a) First four (4) hours of testimony	<b>\$300.00</b>
b) Any testimony in excess of four (4) hours for the day	<b>\$150.00</b>

Terms:	NET 30
Federal Tax ID Number:	86-0765119
Vendor Number:	860765119 A
Telephone Number:	623/876-8420
Fax Number:	623/876-8524
Contract Period:	To cover the period ending <b>June 30, 2007.</b>

**BENNETTE DAWSON, 1112 S 124<sup>TH</sup> STREET, CHANDLER, AZ 85249**

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
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<b>a) First four (4) hours of testimony</b>	<b>\$300.00</b>
<b>b) Any testimony in excess of four (4) hours for the day</b>	<b>\$150.00</b>

Terms:	NET 30
Federal Tax ID Number:	Private
Vendor Number:	G627813707 A
Telephone Number:	480/889-0503
Fax Number:	480/883-4620
Contract Period:	To cover the period ending <b>June 30, 2007.</b>

**GEORGE M DELONG, PO BOX 90295, PHOENIX, AZ 85066-0295**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_\_ YES ☒ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES \_\_\_\_ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

**ITEM DESCRIPTION**

**COMPENSATION/RATE**

**MENTAL HEALTH EXPERT**  
(as defined herein)

see below ----/HR.

ALL COMPENSATION/FEEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

- |   |                                 |
|---|---------------------------------|
| <b>1. Rule 11 Competency Evaluations</b>  | <b>\$300.00 per assignment</b>  |
| <b>4. A.R.S. § 13-703.02 IQ Examinations of Death Penalty Defendants</b>                                | <b>\$500.00 per assignment</b>  |
| <b>5. A.R.S. § 13-703.03 Prescreening Evaluatoinis for Competency and Sanity in Death Penalty Cases</b> | <b>\$200.00 per assignment</b>  |
| <b>7. "No show fees" as defined in 2.4</b>  | <b>\$150.00 per appointment</b> |
| <b>8. Trial testimony as defined in 2.4</b>   |                                 |
| a) First four (4) hours of testimony  | <b>\$300.00</b>                 |
| b) Any testimony in excess of four (4) hours for the day  | <b>\$150.00</b>                 |

Terms: NET 30

Federal Tax ID Number: 86-0422554

Vendor Number: 860422554

Telephone Number: 602/276-1811

Contract Period: To cover the period ending **June 30, 2007.**

**DEBORAH DESPROIS, 8654 E WINDROSE DRIVE, SCOTTSDALE, AZ 85260**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_\_ YES ☒ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES \_\_\_\_ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>2. Rule 26.5 Pre-sentence Evaluations</b>	<b>\$300.00 per assignment</b>
<b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b>	<b>\$600.00 per assignment</b>
<b>4. A.R.S. § 13-703.02 IQ Examinations of Death Penalty Defendants</b>	<b>\$500.00 per assignment</b>
<b>5. A.R.S. § 13-703.03 Prescreening Evaluatoins for Competency and Sanity in Death Penalty Cases</b>	<b>\$200.00 per assignment</b>
<b>6. Rule 11 Outpatient Competency Restoration</b>	<b>\$150.00 per hour</b>
<b>7. "No show fees" as defined in 2.4</b>	<b>\$150.00 per appointment</b>
<b>8. Trial testimony as defined in 2.4</b>	
<b>a) First four (4) hours of testimony</b>	<b>\$300.00</b>
<b>b) Any testimony in excess of four (4) hours for the day</b>	<b>\$150.00</b>

Terms: NET 30

Federal Tax ID Number: Private

Vendor Number: G980358325

Telephone Number: 602/957-8822

Fax Number: 602/957-0777

Contract Period: To cover the period ending **June 30, 2007.**



**JOHN P DIBACCO PHD PC, 11811 N TATUM BLVD STE 115, PHOENIX, AZ 85028-1614**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

**ITEM DESCRIPTION**

**COMPENSATION/RATE**

**MENTAL HEALTH EXPERT**  
(as defined herein)

see below ----/HR.

ALL COMPENSATION/FEEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

- |   |                                 |
|---|---------------------------------|
| <b>1. Rule 11 Competency Evaluations</b>                    | <b>\$300.00 per assignment</b>  |
| <b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b> | <b>\$600.00 per assignment</b>  |
| <b>7. "No show fees" as defined in 2.4</b>                  | <b>\$150.00 per appointment</b> |
| <b>8. Trial testimony as defined in 2.4</b>                 |                                 |
| a) First four (4) hours of testimony                        | <b>\$300.00</b>                 |
| b) Any testimony in excess of four (4) hours for the day    | <b>\$150.00</b>                 |

Terms: NET 30

Federal Tax ID Number: 86-0427275

Vendor Number: 860427275

Telephone Number: 602/953-6685

Fax Number: 480/951-2041

Contract Period: To cover the period ending **June 30, 2007.**

**CELIA A DRAKE PHD PC, 10000 N 31<sup>ST</sup> AVE SUITE #C-101, PHOENIX, AZ 85051**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
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MENTAL HEALTH EXPERT (as defined herein)	see below    ----/HR.
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ALL COMPENSATION/FEEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

- |  |                          |
|--|--------------------------|
| 1. Rule 11 Competency Evaluations  | \$300.00 per assignment  |
| 2. Rule 26.5 Pre-sentence Evaluations  | \$300.00 per assignment  |
| 3. A.R.S. § 13-502(B) Guilty-But Insane Examinations   | \$600.00 per assignment  |
| 4. A.R.S. § 13-703.02 IQ Examinations of Death Penalty Defendants                                | \$500.00 per assignment  |
| 5. A.R.S. § 13-703.03 Prescreening Evaluatoinis for Competency and Sanity in Death Penalty Cases | \$200.00 per assignment  |
| 6. Rule 11 Outpatient Competency Restoration   | \$150.00 per hour        |
| 7. "No show fees" as defined in 2.4  | \$150.00 per appointment |
| 8. Trial testimony as defined in 2.4   |                          |
| a) First four (4) hours of testimony   | \$300.00                 |
| b) Any testimony in excess of four (4) hours for the day   | \$150.00                 |

Terms: NET 30

Federal Tax ID Number: 86-0683230

Vendor Number: 860683230

Telephone Number: 602/997-6622

Fax Number: 602/997-6642

Contract Period: To cover the period ending **June 30, 2007.**

**PAMELA DRAPEAU MD, PO BOX 6291, SCOTTSDALE, AZ 85261**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>2. Rule 26.5 Pre-sentence Evaluations</b>	<b>\$300.00 per assignment</b>
<b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b>	<b>\$600.00 per assignment</b>
<b>5. A.R.S. § 13-703.03 Prescreening Evaluatoinis for Competency and Sanity in Death Penalty Cases</b>	<b>\$200.00 per assignment</b>
<b>6. Rule 11 Outpatient Competency Restoration</b>	<b>\$150.00 per hour</b>
<b>7. "No show fees" as defined in 2.4</b>	<b>\$150.00 per appointment</b>
<b>8. Trial testimony as defined in 2.4</b>	
a) First four (4) hours of testimony	<b>\$300.00</b>
b) Any testimony in excess of four (4) hours for the day	<b>\$150.00</b>

Terms: NET 30

Federal Tax ID Number: Private

Vendor Number: G810512449

Telephone Number: 480/596-1755

Fax Number: 602/256-5533

E-mail Address: [msmd@aol.com](mailto:msmd@aol.com)

Contract Period: To cover the period ending **June 30, 2007.**

**JOSEPH J FRANZETTI MD, 10105 E PARADISE DRIVE, SCOTTSDALE, AZ 85260**

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>2. Rule 26.5 Pre-sentence Evaluations</b>	<b>\$300.00 per assignment</b>
<b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b>	<b>\$600.00 per assignment</b>
<b>5. A.R.S. § 13-703.03 Prescreening Evaluatoin for Competency and Sanity in Death Penalty Cases</b>	<b>\$200.00 per assignment</b>
<b>6. Rule 11 Outpatient Competency Restoration</b>	<b>\$150.00 per hour</b>
<b>7. "No show fees" as defined in 2.4</b>	<b>\$150.00 per appointment</b>
<b>8. Trial testimony as defined in 2.4</b>	
a) First four (4) hours of testimony	<b>\$300.00</b>
b) Any testimony in excess of four (4) hours for the day	<b>\$150.00</b>

Terms: NET 30

Federal Tax ID Number: 07-5548898

Vendor Number: 075548898

Telephone Number: 602/876-5443

Fax Number: 602/876-5533

Contract Period: To cover the period ending **June 30, 2007.**

**D J GAUGHAN PHD, 4227 N 32<sup>ND</sup> STREET #205, PHOENIX, AZ 85018**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_\_ YES ☒ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES \_\_\_\_ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

**ITEM DESCRIPTION**

**COMPENSATION/RATE**

**MENTAL HEALTH EXPERT**  
(as defined herein)

see below ----/HR.

ALL COMPENSATION/FEEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

- |  |                          |
|--|--------------------------|
| 1. Rule 11 Competency Evaluations  | \$300.00 per assignment  |
| 2. Rule 26.5 Pre-sentence Evaluations  | \$300.00 per assignment  |
| 3. A.R.S. § 13-502(B) Guilty-But Insane Examinations   | \$600.00 per assignment  |
| 4. A.R.S. § 13-703.02 IQ Examinations of Death Penalty Defendants                                | \$500.00 per assignment  |
| 5. A.R.S. § 13-703.03 Prescreening Evaluatoinis for Competency and Sanity in Death Penalty Cases | \$200.00 per assignment  |
| 6. Rule 11 Outpatient Competency Restoration   | \$150.00 per hour        |
| 7. "No show fees" as defined in 2.4  | \$150.00 per appointment |
| 8. Trial testimony as defined in 2.4   |                          |
| a) First four (4) hours of testimony   | \$300.00                 |
| b) Any testimony in excess of four (4) hours for the day   | \$150.00                 |

Terms: NET 30

Federal Tax ID Number: 86-0649867

Vendor Number: 860649867

Telephone Number: 602/956-3237

Fax Number: 602/952-0572

Contract Period: To cover the period ending **June 30, 2007.**

**PSYCHOLOGICAL & CONSULTING, 1930 S ALMA SCHOOL #B-120, MESA, AZ 85210**

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>7. "No show fees" as defined in 2.4</b>	<b>\$150.00 per appointment</b>
<b>8. Trial testimony as defined in 2.4</b>	
a) First four (4) hours of testimony	<b>\$300.00</b>
b) Any testimony in excess of four (4) hours for the day	<b>\$150.00</b>

Terms: NET 30

Federal Tax ID Number: Private

Vendor Number: G626580885 A

Telephone Number: 480/777-8807

Fax Number: 480/777-8871

Contact Person: Steven Gray

E-mail Address: [sgray1@ix.netcom.com](mailto:sgray1@ix.netcom.com)

Contract Period: To cover the period ending **June 30, 2007.**

**ANNE E HARRIS PHD, 1930 S ALMA SCHOOL RD # B-214, MESA, AZ 85210**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_\_ YES \_\_X\_\_ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: \_\_\_\_ YES \_\_X\_\_ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

**ITEM DESCRIPTION**

**COMPENSATION/RATE**

**MENTAL HEALTH EXPERT**  
(as defined herein)

see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

- |  |                                 |
|--|---------------------------------|
| <b>1. Rule 11 Competency Evaluations</b>                 | <b>\$300.00 per assignment</b>  |
| <b>2. Rule 26.5 Pre-sentence Evaluations</b>             | <b>\$300.00 per assignment</b>  |
| <b>7. "No show fees" as defined in 2.4</b>               | <b>\$150.00 per appointment</b> |
| <b>8. Trial testimony as defined in 2.4</b>              |                                 |
| a) First four (4) hours of testimony                     | <b>\$300.00</b>                 |
| b) Any testimony in excess of four (4) hours for the day | <b>\$150.00</b>                 |

Terms: NET 30

Federal Tax ID Number: Private

Vendor Number: G984411527

Telephone Number: 602/548-3937

Contract Period: To cover the period ending **June 30, 2007.**

**SARA M HILL PHD, 11000 N SCOTTSDALE ROAD #163, SCOTTSDALE, AZ 85254**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒X\_\_\_ YES \_\_\_ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: \_\_\_ YES ☒X\_\_\_ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

**ITEM DESCRIPTION**

**COMPENSATION/RATE**

**MENTAL HEALTH EXPERT**  
(as defined herein)

see below ----/HR.

ALL COMPENSATION/FEEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

- |   |                                 |
|---|---------------------------------|
| <b>1. Rule 11 Competency Evaluations</b>                    | <b>\$300.00 per assignment</b>  |
| <b>2. Rule 26.5 Pre-sentence Evaluations</b>                | <b>\$300.00 per assignment</b>  |
| <b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b> | <b>\$600.00 per assignment</b>  |
| <b>7. "No show fees" as defined in 2.4</b>                  | <b>\$150.00 per appointment</b> |
| <b>8. Trial testimony as defined in 2.4</b>                 |                                 |
| a) First four (4) hours of testimony                        | <b>\$300.00</b>                 |
| b) Any testimony in excess of four (4) hours for the day    | <b>\$150.00</b>                 |

Terms: NET 30

Federal Tax ID Number: 45-1087957

Vendor Number: 451087957

Telephone Number: 480/922-5440

Fax Number: 480/922-5445

E-mail Address: [scohen174@cox.net](mailto:scohen174@cox.net)

Contract Period: To cover the period ending **June 30, 2007.**



**PATRICIA I JOHNSON PHD, 8149 E EVANS ROAD SUITE #9, SCOTTSDALE, AZ 85260**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_\_ YES ☒ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: \_\_\_\_ YES ☒ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>2. Rule 26.5 Pre-sentence Evaluations</b>	<b>\$300.00 per assignment</b>
<b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b>	<b>\$600.00 per assignment</b>
<b>7. "No show fees" as defined in 2.4</b>	<b>\$150.00 per appointment</b>
<b>8. Trial testimony as defined in 2.4</b>	
a) First four (4) hours of testimony	<b>\$300.00</b>
b) Any testimony in excess of four (4) hours for the day	<b>\$150.00</b>

Terms: NET 30

Federal Tax ID Number: 86-0404027

Vendor Number: 860404027

Telephone Number: 480/315-9565

Fax Number: 480/315-9564

E-mail Address: [p.johnsonph.d@worldnet.att.net](mailto:p.johnsonph.d@worldnet.att.net)

Contract Period: To cover the period ending **June 30, 2007.**

**DANIEL B JULIANO PHD, 6625 S RURAL ROAD, TEMPE, AZ 85283**

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>2. Rule 26.5 Pre-sentence Evaluations</b>	<b>\$300.00 per assignment</b>
<b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b>	<b>\$600.00 per assignment</b>
<b>4. A.R.S. § 13-703.02 IQ Examinations of Death Penalty Defendants</b>	<b>\$500.00 per assignment</b>
<b>5. A.R.S. § 13-703.03 Prescreening Evaluatoinis for Competency and Sanity in Death Penalty Cases</b>	<b>\$200.00 per assignment</b>
<b>6. Rule 11 Outpatient Competency Restoration</b>	<b>\$150.00 per hour</b>
<b>7. "No show fees" as defined in 2.4</b>	<b>\$150.00 per appointment</b>
<b>8. Trial testimony as defined in 2.4</b>	
a) First four (4) hours of testimony	<b>\$300.00</b>
b) Any testimony in excess of four (4) hours for the day	<b>\$150.00</b>

Terms: NET 30

Federal Tax ID Number: Private

Vendor Number: G194375288

Telephone Number: 480/902-9416  
4

Fax Number: 480/705-7881

E-mail Address: [dbjuliano@cox.net](mailto:dbjuliano@cox.net)

Contract Period: To cover the period ending **June 30, 2007.**

**ERIKA KAO PHD, 8300 N HAYDEN ROAD SUITE #207, SCOTTSDALE, AZ 85258**  
**668 N 44<sup>TH</sup> STREET SUITE #300, PHOENIX, AZ 85008**

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

<b>ITEM DESCRIPTION</b>	<b>COMPENSATION/RATE</b>
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>2. Rule 26.5 Pre-sentence Evaluations</b>	<b>\$300.00 per assignment</b>
<b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b>	<b>\$600.00 per assignment</b>
<b>4. A.R.S. § 13-703.02 IQ Examinations of Death Penalty Defendants</b>	<b>\$500.00 per assignment</b>
<b>5. A.R.S. § 13-703.03 Prescreening Evaluatoinis for Competency and Sanity in Death Penalty Cases</b>	<b>\$200.00 per assignment</b>
<b>6. Rule 11 Outpatient Competency Restoration</b>	<b>\$150.00 per hour</b>
<b>7. "No show fees" as defined in 2.4</b>	<b>\$150.00 per appointment</b>
<b>8. Trial testimony as defined in 2.4</b>	
<b>a) First four (4) hours of testimony</b>	<b>\$300.00</b>
<b>b) Any testimony in excess of four (4) hours for the day</b>	<b>\$150.00</b>

Terms: NET 30

Federal Tax ID Number: Private

Vendor Number: G923915253

Telephone Number: 602/577-8890

E-mail Address: [erikakao@hotmailcom](mailto:erikakao@hotmailcom)

Contract Period: To cover the period ending **June 30, 2007.**

**MARTIN B KASSELL MD, 5613 E LEWIS AVENUE, SCOTTSDALE, AZ 85257**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_\_ YES ☒ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES \_\_\_\_ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

- |   |                                 |
|---|---------------------------------|
| <b>1. Rule 11 Competency Evaluations</b>                    | <b>\$300.00 per assignment</b>  |
| <b>2. Rule 26.5 Pre-sentence Evaluations</b>                | <b>\$300.00 per assignment</b>  |
| <b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b> | <b>\$600.00 per assignment</b>  |
| <b>7. "No show fees" as defined in 2.4</b>                  | <b>\$150.00 per appointment</b> |
| <b>8. Trial testimony as defined in 2.4</b>                 |                                 |
| a) First four (4) hours of testimony                        | <b>\$300.00</b>                 |
| b) Any testimony in excess of four (4) hours for the day    | <b>\$150.00</b>                 |

Terms: NET 30

Federal Tax ID Number: 19-8073839

Vendor Number: 198073839

Telephone Number: 480/994-4011

Fax Number: 480/664-9662

Contract Period: To cover the period ending **June 30, 2007.**

**GWEN A LEVITT DO, PO BOX 8648, SCOTTSDALE, AZ 85252**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_\_ YES ☒ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES \_\_\_\_ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

**ITEM DESCRIPTION**

**COMPENSATION/RATE**

**MENTAL HEALTH EXPERT**  
(as defined herein)

see below ----/HR.

ALL COMPENSATION/FEEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

- |   |                                 |
|---|---------------------------------|
| <b>1. Rule 11 Competency Evaluations</b>  | <b>\$300.00 per assignment</b>  |
| <b>2. Rule 26.5 Pre-sentence Evaluations</b>  | <b>\$300.00 per assignment</b>  |
| <b>5. A.R.S. § 13-703.03 Prescreening Evaluatoin for Competency and Sanity in Death Penalty Cases</b> | <b>\$200.00 per assignment</b>  |
| <b>6. Rule 11 Outpatient Competency Restoration</b>   | <b>\$150.00 per hour</b>        |
| <b>7. "No show fees" as defined in 2.4</b>  | <b>\$150.00 per appointment</b> |
| <b>8. Trial testimony as defined in 2.4</b>   |                                 |
| a) First four (4) hours of testimony  | <b>\$300.00</b>                 |
| b) Any testimony in excess of four (4) hours for the day  | <b>\$150.00</b>                 |

Terms: NET 30

Federal Tax ID Number: 38-4508715

Vendor Number: 384508715

Telephone Number: 602/954-0186

Fax Number: 602/468-9963

E-mail Address: [glevitt@qwest.net](mailto:glevitt@qwest.net)

Contract Period: To cover the period ending **June 30, 2007.**

**DEBORAH JOY LEWIS, 2301 W DUNLAP #211, PHOENIX, AZ 85021**

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>2. Rule 26.5 Pre-sentence Evaluations</b>	<b>\$300.00 per assignment</b>
<b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b>	<b>\$600.00 per assignment</b>
<b>7. "No show fees" as defined in 2.4</b>	<b>\$150.00 per appointment</b>
<b>8. Trial testimony as defined in 2.4</b>	
<b>a) First four (4) hours of testimony</b>	<b>\$300.00</b>
<b>b) Any testimony in excess of four (4) hours for the day</b>	<b>\$150.00</b>

Terms:	NET 30
Federal Tax ID Number:	Private
Vendor Number:	G627324914
Telephone Number:	602/216-2600
Fax Number:	602/216-2601
Contract Period:	To cover the period ending <b>June 30, 2007.</b>

**JAY H LUCAS PHD, 29933 N 77<sup>TH</sup> PLACE, SCOTTSDALE, AZ 85262**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

1. Rule 11 Competency Evaluations	\$300.00 per assignment
2. Rule 26.5 Pre-sentence Evaluations	\$300.00 per assignment
3. A.R.S. § 13-502(B) Guilty-But Insane Examinations	\$600.00 per assignment
4. A.R.S. § 13-703.02 IQ Examinations of Death Penalty Defendants	\$500.00 per assignment
5. A.R.S. § 13-703.03 Prescreening Evaluatoinis for Competency and Sanity in Death Penalty Cases	\$200.00 per assignment
6. Rule 11 Outpatient Competency Restoration	\$150.00 per hour
7. "No show fees" as defined in 2.4	\$150.00 per appointment
8. Trial testimony as defined in 2.4	
a) First four (4) hours of testimony	\$300.00
b) Any testimony in excess of four (4) hours for the day	\$150.00

Terms: NET 30

Federal Tax ID Number: Private

Vendor Number: G771419458

Telephone Number: 480/419-8166

Fax Number: 480/538-8725

E-mail Address: [jayloislucas@cs.com](mailto:jayloislucas@cs.com)

Contract Period: To cover the period ending **June 30, 2007.**

**MARGARET E MARSHALL PHD, ANCHOR COUNSELING CENTRE, 5150 N 16<sup>TH</sup> STREET STE #A112, PHOENIX, AZ 85016**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_\_ YES ☒ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES \_\_\_\_ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>7. "No show fees" as defined in 2.4</b>	<b>\$150.00 per appointment</b>
<b>8. Trial testimony as defined in 2.4</b>	
a) First four (4) hours of testimony	<b>\$300.00</b>
b) Any testimony in excess of four (4) hours for the day	<b>\$150.00</b>

Terms: NET 30

Federal Tax ID Number: 86-0433541

Vendor Number: 860433541

Telephone Number: 602/264-5678

Fax Number: 602/264-5679

Contract Period: To cover the period ending **June 30, 2007.**



**ROGER M MARTIG PHD, 7217 N 23<sup>RD</sup> ST, PHOENIX, AZ 85020**

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>2. Rule 26.5 Pre-sentence Evaluations</b>	<b>\$300.00 per assignment</b>
<b>7. "No show fees" as defined in 2.4</b>	<b>\$150.00 per appointment</b>
<b>8. Trial testimony as defined in 2.4</b>	
a) First four (4) hours of testimony	<b>\$300.00</b>
b) Any testimony in excess of four (4) hours for the day	<b>\$150.00</b>

Terms:	NET 30
Federal Tax ID Number:	86-0408346
Vendor Number:	860408346
Telephone Number:	602/867-2699
Fax Number:	602/302-6521
E-mail Address:	<a href="mailto:rogermartig@cox.net">rogermartig@cox.net</a>
Contract Period:	To cover the period ending <b>June 30, 2007.</b>

**COMPREHENSIVE PSYCH SERVICES, 4300 N MILLER RD SUITE #144, SCOTTSDALE, AZ 85251-9621**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_\_ YES ☒ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES \_\_\_\_ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

**ITEM DESCRIPTION**

**COMPENSATION/RATE**

**MENTAL HEALTH EXPERT**  
(as defined herein)

see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

- |  |                                 |
|--|---------------------------------|
| <b>1. Rule 11 Competency Evaluations</b>                 | <b>\$300.00 per assignment</b>  |
| <b>7. "No show fees" as defined in 2.4</b>               | <b>\$150.00 per appointment</b> |
| <b>8. Trial testimony as defined in 2.4</b>              |                                 |
| a) First four (4) hours of testimony                     | <b>\$300.00</b>                 |
| b) Any testimony in excess of four (4) hours for the day | <b>\$150.00</b>                 |

Terms: NET 30

Federal Tax ID Number: 86-0518637

Vendor Number: 860518637 A

Telephone Number: 480/994-3601

Fax Number: 480/994-1879

Contact Person: Carol Mellen

Contract Period: To cover the period ending **June 30, 2007.**

**JOHN A MORAN PHD PC, 7500 E MCDONALD DRIVE STE 400A, SCOTTSDALE, AZ 85250**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☐ YES ☒ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>2. Rule 26.5 Pre-sentence Evaluations</b>	<b>\$300.00 per assignment</b>
<b>6. Rule 11 Outpatient Competency Restoration</b>	<b>\$150.00 per hour</b>
<b>7. "No show fees" as defined in 2.4</b>	<b>\$150.00 per appointment</b>
<b>8. Trial testimony as defined in 2.4</b>	
a) First four (4) hours of testimony	<b>\$300.00</b>
b) Any testimony in excess of four (4) hours for the day	<b>\$150.00</b>

Terms: NET 30

Federal Tax ID Number: 86-0661035

Vendor Number: 860661035

Telephone Number: 480/946-0801

Fax Number: 480/946-0814

E-mail Address: [moranvigilFCA@aol.com](mailto:moranvigilFCA@aol.com)

Contract Period: To cover the period ending **June 30, 2007.**

**CATHERINE O CONNELL PC, 1635 E MYRTLE #200, PHOENIX, AZ 85020**

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>2. Rule 26.5 Pre-sentence Evaluations</b>	<b>\$300.00 per assignment</b>
<b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b>	<b>\$600.00 per assignment</b>
<b>4. A.R.S. § 13-703.02 IQ Examinations of Death Penalty Defendants</b>	<b>\$500.00 per assignment</b>
<b>6. Rule 11 Outpatient Competency Restoration</b>	<b>\$150.00 per hour</b>
<b>7. "No show fees" as defined in 2.4</b>	<b>\$150.00 per appointment</b>
<b>8. Trial testimony as defined in 2.4</b>	
a) First four (4) hours of testimony	<b>\$300.00</b>
b) Any testimony in excess of four (4) hours for the day	<b>\$150.00</b>

Terms: NET 30

Federal Tax ID Number: 86-0447381

Vendor Number: 860447381 A

Telephone Number: 602/216-6900

Fax Number: 602/371-9889

E-mail Address: [coconnellphd@earthlink.net](mailto:coconnellphd@earthlink.net)

Contract Period: To cover the period ending **June 30, 2007.**

**JOEL E PARKER MD PC, PO BOX 35571, PHOENIX, AZ 85069**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>2. Rule 26.5 Pre-sentence Evaluations</b>	<b>\$300.00 per assignment</b>
<b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b>	<b>\$600.00 per assignment</b>
<b>5. A.R.S. § 13-703.03 Prescreening Evaluatoinis for Competency and Sanity in Death Penalty Cases</b>	<b>\$200.00 per assignment</b>
<b>7. "No show fees" as defined in 2.4</b>	<b>\$150.00 per appointment</b>
<b>8. Trial testimony as defined in 2.4</b>	
a) First four (4) hours of testimony	<b>\$300.00</b>
b) Any testimony in excess of four (4) hours for the day	<b>\$150.00</b>

Terms: NET 30

Federal Tax ID Number: 86-0727739

Vendor Number: 860727739

Telephone Number: 602/843-7058

Fax Number: 602/843-8963

E-mail Address: [joeleparker@qwest.net](mailto:joeleparker@qwest.net)

Contract Period: To cover the period ending **June 30, 2007.**

**SUSAN DOWNS PARRISH PHD, PO BOX 50580, MESA, AZ 85208-0029**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

1. Rule 11 Competency Evaluations	\$300.00 per assignment
2. Rule 26.5 Pre-sentence Evaluations	\$300.00 per assignment
3. A.R.S. § 13-502(B) Guilty-But Insane Examinations	\$600.00 per assignment
4. A.R.S. § 13-703.02 IQ Examinations of Death Penalty Defendants	\$500.00 per assignment
5. A.R.S. § 13-703.03 Prescreening Evaluatoinis for Competency and Sanity in Death Penalty Cases	\$200.00 per assignment
7. "No show fees" as defined in 2.4	\$150.00 per appointment
8. Trial testimony as defined in 2.4	
a) First four (4) hours of testimony	\$300.00
b) Any testimony in excess of four (4) hours for the day	\$150.00

Terms: NET 30

Federal Tax ID Number: 52-7844765

Vendor Number: 527844765

Telephone Number: 480/947-6757

Fax Number: 480/357-7531

E-mail Address: [parrish5@IX.netcom.com](mailto:parrish5@IX.netcom.com)

Contract Period: To cover the period ending **June 30, 2007.**

**CARL J PATRASSO PSY D, 8566 E MCDONALD DRIVE, SCOTTSDALE, AZ 85250**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

**ITEM DESCRIPTION**

**COMPENSATION/RATE**

**MENTAL HEALTH EXPERT**  
(as defined herein)

see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

- |   |                                 |
|---|---------------------------------|
| <b>1. Rule 11 Competency Evaluations</b>                    | <b>\$300.00 per assignment</b>  |
| <b>2. Rule 26.5 Pre-sentence Evaluations</b>                | <b>\$300.00 per assignment</b>  |
| <b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b> | <b>\$600.00 per assignment</b>  |
| <b>6. Rule 11 Outpatient Competency Restoration</b>         | <b>\$150.00 per hour</b>        |
| <b>7. "No show fees" as defined in 2.4</b>                  | <b>\$150.00 per appointment</b> |
| <b>8. Trial testimony as defined in 2.4</b>                 |                                 |
| a) First four (4) hours of testimony                        | <b>\$300.00</b>                 |
| b) Any testimony in excess of four (4) hours for the day    | <b>\$150.00</b>                 |

Terms: NET 30

Federal Tax ID Number: 33-0427673

Vendor Number: 330427673 A

Telephone Number: 480/607-5398

Fax Number: 480/860-9368

E-mail Address: [dreamexpert@aol.com](mailto:dreamexpert@aol.com)

Contract Period: To cover the period ending **June 30, 2007.**

**VECTOR CENTER, 700 W MAIN, PO BOX 1930, PAYSON, AZ 85547-1930**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_\_ YES \_\_X\_\_ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: \_\_X\_\_ YES \_\_\_\_ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

**ITEM DESCRIPTION**

**COMPENSATION/RATE**

**MENTAL HEALTH EXPERT**  
(as defined herein)

see below ----/HR.

ALL COMPENSATION/FEEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

- |   |                                 |
|---|---------------------------------|
| <b>1. Rule 11 Competency Evaluations</b>                    | <b>\$300.00 per assignment</b>  |
| <b>2. Rule 26.5 Pre-sentence Evaluations</b>                | <b>\$300.00 per assignment</b>  |
| <b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b> | <b>\$600.00 per assignment</b>  |
| <b>7. "No show fees" as defined in 2.4</b>                  | <b>\$150.00 per appointment</b> |
| <b>8. Trial testimony as defined in 2.4</b>                 |                                 |
| a) First four (4) hours of testimony                        | <b>\$300.00</b>                 |
| b) Any testimony in excess of four (4) hours for the day    | <b>\$150.00</b>                 |

Terms: NET 30

Federal Tax ID Number: 86-0256293

Vendor Number: 860256293 A

Telephone Number: 520/472-9120

Fax Number: 520/474-4828

Contact Person: Ronald Peterson

Contract Period: To cover the period ending **June 30, 2007.**



**JACK POTTS MD, 221 E INDIANOLA AVENUE, PHOENIX, AZ 85012**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☐ YES ☒ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

1. Rule 11 Competency Evaluations	\$300.00 per assignment
2. Rule 26.5 Pre-sentence Evaluations	\$300.00 per assignment
3. A.R.S. § 13-502(B) Guilty-But Insane Examinations	\$600.00 per assignment
4. A.R.S. § 13-703.02 IQ Examinations of Death Penalty Defendants	\$500.00 per assignment
5. A.R.S. § 13-703.03 Prescreening Evaluatoinis for Competency and Sanity in Death Penalty Cases	\$200.00 per assignment
6. Rule 11 Outpatient Competency Restoration	\$150.00 per hour
7. "No show fees" as defined in 2.4	\$150.00 per appointment
8. Trial testimony as defined in 2.4	
a) First four (4) hours of testimony	\$300.00
b) Any testimony in excess of four (4) hours for the day	\$150.00

Terms:	NET 30
Federal Tax ID Number:	Private
Vendor Number:	G138333601
Telephone Number:	602/274-5494
Fax Number:	602/264-5566
E-mail Address:	<a href="mailto:JpottsMD@azforensics.com">JpottsMD@azforensics.com</a>
Company Web Site:	<a href="http://www.azforensics.com">www.azforensics.com</a>
Contract Period:	To cover the period ending <b>June 30, 2007.</b>

**JULIO A RAMIREZ PHD, 915 E MOUNTAIN SAGE, PHOENIX, AZ 85048**

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>2. Rule 26.5 Pre-sentence Evaluations</b>	<b>\$300.00 per assignment</b>
<b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b>	<b>\$600.00 per assignment</b>
<b>4. A.R.S. § 13-703.02 IQ Examinations of Death Penalty Defendants</b>	<b>\$500.00 per assignment</b>
<b>5. A.R.S. § 13-703.03 Prescreening Evaluatoinis for Competency and Sanity in Death Penalty Cases</b>	<b>\$200.00 per assignment</b>
<b>6. Rule 11 Outpatient Competency Restoration</b>	<b>\$150.00 per hour</b>
<b>7. "No show fees" as defined in 2.4</b>	<b>\$150.00 per appointment</b>
<b>8. Trial testimony as defined in 2.4</b>	
a) First four (4) hours of testimony	<b>\$300.00</b>
b) Any testimony in excess of four (4) hours for the day	<b>\$150.00</b>

Terms: NET 30

Federal Tax ID Number: Private

Vendor Number: G660324042

Telephone Number: 480/840-0400

Fax Number: 480/840-0499

Contract Period: To cover the period ending **June 30, 2007.**

DAWN N RIGGS PHD, 1832 W SELDON LANE, PHOENIX, AZ 85021 4327

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  X  YES   NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT:  X  YES   NO

PRICING SHEET P080106/B0700066 NIGP 95262

PRICING:

ITEM DESCRIPTION \_\_\_\_\_ COMPENSATION/RATE

MENTAL HEALTH EXPERT \_\_\_\_\_ see below \_\_\_\_\_ /HR.  
(as defined herein)

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED  
COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

SERVICE

1. Rule 11 Competency Evaluations \_\_\_\_\_ \$300.00 per assignment
2. Rule 26.5 Pre-sentence Evaluations \_\_\_\_\_ \$300.00 per assignment
6. Rule 11 Outpatient Competency Restoration \_\_\_\_\_ \$150.00 per hour
7. "No show fees" as defined in 2.4 \_\_\_\_\_ \$150.00 per appointment
8. Trial testimony as defined in 2.4
  - a) First four (4) hours of testimony \_\_\_\_\_ \$300.00
  - b) Any testimony in excess of four (4) hours for the day \_\_\_\_\_ \$150.00

Terms: \_\_\_\_\_ NET 30

Federal Tax ID Number: \_\_\_\_\_ Private

Vendor Number: \_\_\_\_\_ G868715919

Telephone Number: \_\_\_\_\_ 602/390-1765

Fax Number: \_\_\_\_\_ 602/279-9867

E-mail Address: \_\_\_\_\_ [dr.dawn@earthlink.net](mailto:dr.dawn@earthlink.net)

Contract Period: \_\_\_\_\_ To cover the period ending June 30, 2007.

**CANCELLATION EFFECTIVITY IS OCTOBER 05/2004**

JAMES D SEWARD PHD, PMB 410 1928 E HIGHLAND #F104, PHOENIX, AZ 85016

PRICING SHEET P080106/B0700066 NIGP 95262

PRICING:

ITEM DESCRIPTION	COMPENSATION/RATE
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MENTAL HEALTH EXPERT (as defined herein)	see below /HR.
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~~ALL COMPENSATION/FEES ARE PRE DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.~~

SERVICE

- |  |                          |
|--|--------------------------|
| 1. Rule 11 Competency Evaluations                          | \$300.00 per assignment  |
| 3. A.R.S. § 13-502(B) Guilty But Insane Examinations       | \$600.00 per assignment  |
| 7. "No show fees" as defined in 2.4                        | \$150.00 per appointment |
| 8. Trial testimony as defined in 2.4                       |                          |
| — a) First four (4) hours of testimony                     | \$300.00                 |
| — b) Any testimony in excess of four (4) hours for the day | \$150.00                 |

Terms: NET 30

Federal Tax ID Number: Private

Vendor Number: G931964622 A

Telephone Number: 480/620-8953

Fax Number: 623/875-6504

E-mail Address: [jkjs@earthlink.net](mailto:jkjs@earthlink.net)

Contract Period: To cover the period ending June 30, 2007.

**CANCELLATION EFFECTIVITY DATE JULY 15, 2004.**

**SCOTT SINDELAR PHD PC, 4921 E BELL ROAD SUITE #207, SCOTTSDALE, AZ 85254**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

**ITEM DESCRIPTION**

**COMPENSATION/RATE**

**MENTAL HEALTH EXPERT**  
(as defined herein)

see below ----/HR.

ALL COMPENSATION/FEEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

- |  |                                 |
|--|---------------------------------|
| <b>1. Rule 11 Competency Evaluations</b>                                 | <b>\$300.00 per assignment</b>  |
| <b>2. Rule 26.5 Pre-sentence Evaluations</b>                             | <b>\$300.00 per assignment</b>  |
| <b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b>              | <b>\$600.00 per assignment</b>  |
| <b>4. A.R.S. § 13-703.02 IQ Examinations of Death Penalty Defendants</b> | <b>\$500.00 per assignment</b>  |
| <b>6. Rule 11 Outpatient Competency Restoration</b>                      | <b>\$150.00 per hour</b>        |
| <b>7. "No show fees" as defined in 2.4</b>                               | <b>\$150.00 per appointment</b> |
| <b>8. Trial testimony as defined in 2.4</b>                              |                                 |
| a) First four (4) hours of testimony                                     | <b>\$300.00</b>                 |
| b) Any testimony in excess of four (4) hours for the day                 | <b>\$150.00</b>                 |

Terms: NET 30

Federal Tax ID Number: 86-0487006

Vendor Number: 860487006

Telephone Number: 602/482-1487

Fax Number: 602/867-0368

E-mail Address: [DrScottR11@qgss.com](mailto:DrScottR11@qgss.com)

Contract Period: To cover the period ending **June 30, 2007.**

**JUNE M STAPLETON, 2345 E THOMAS ROAD SUITE 275, PHOENIX, AZ 85016**

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>2. Rule 26.5 Pre-sentence Evaluations</b>	<b>\$300.00 per assignment</b>
<b>6. Rule 11 Outpatient Competency Restoration</b>	<b>\$150.00 per hour</b>
<b>7. "No show fees" as defined in 2.4</b>	<b>\$150.00 per appointment</b>
<b>8. Trial testimony as defined in 2.4</b>	
<b>a) First four (4) hours of testimony</b>	<b>\$300.00</b>
<b>b) Any testimony in excess of four (4) hours for the day</b>	<b>\$150.00</b>

Terms: NET 30

Federal Tax ID Number: Private

Vendor Number: G047378234

Telephone Number: 602/957-8822

E-mail Address: [JuneMStap@aol.com](mailto:JuneMStap@aol.com)

Contract Period: To cover the period ending **June 30, 2007.**

**FORENSIC COUNSELING AND, EVALUATIONS PLLC, 5111 N SCOTTSDALE ROAD #104,  
SCOTTSDALE, AZ 85250**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

ITEM DESCRIPTION	COMPENSATION/RATE
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>2. Rule 26.5 Pre-sentence Evaluations</b>	<b>\$300.00 per assignment</b>
<b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b>	<b>\$600.00 per assignment</b>
<b>4. A.R.S. § 13-703.02 IQ Examinations of Death Penalty Defendants</b>	<b>\$500.00 per assignment</b>
<b>5. A.R.S. § 13-703.03 Prescreening Evaluatoinis for Competency and Sanity in Death Penalty Cases</b>	<b>\$200.00 per assignment</b>
<b>6. Rule 11 Outpatient Competency Restoration</b>	<b>\$150.00 per hour</b>
<b>7. "No show fees" as defined in 2.4</b>	<b>\$150.00 per appointment</b>
<b>8. Trial testimony as defined in 2.4</b>	
a) First four (4) hours of testimony	<b>\$300.00</b>
b) Any testimony in excess of four (4) hours for the day	<b>\$150.00</b>

Terms: NET 30

Federal Tax ID Number: 06-1714778

Vendor Number: 061714778

Telephone Number: 480/840-0400

Fax Number: 480/840-0499

Contact Person: David Weinstock

E-mail Address: [dr.weinstock@fcande.com](mailto:dr.weinstock@fcande.com)

Contract Period: To cover the period ending **June 30, 2007.**

**SCOTTSDALE PSYCHIATRIC SERVICES, 7432 E CAMELBACK ROAD, SCOTTSDALE, AZ 85251**

PRICING SHEET P080106/B0700066 NIGP 95262

**PRICING:**

<b>ITEM DESCRIPTION</b>	<b>COMPENSATION/RATE</b>
<b>MENTAL HEALTH EXPERT</b> (as defined herein)	see below ----/HR.

ALL COMPENSATION/FEES ARE PRE-DETERMINED BY SERVICE TYPE. ONLY THE LISTED COMPENSATION/FEES MAY BE "BILLED" FOR THE SPECIFIC SERVICE.

**SERVICE**

<b>1. Rule 11 Competency Evaluations</b>	<b>\$300.00 per assignment</b>
<b>3. A.R.S. § 13-502(B) Guilty-But Insane Examinations</b>	<b>\$600.00 per assignment</b>
<b>6. Rule 11 Outpatient Competency Restoration</b>	<b>\$150.00 per hour</b>
<b>7. "No show fees" as defined in 2.4</b>	<b>\$150.00 per appointment</b>
<b>8. Trial testimony as defined in 2.4</b>	
<b>a) First four (4) hours of testimony</b>	<b>\$300.00</b>
<b>b) Any testimony in excess of four (4) hours for the day</b>	<b>\$150.00</b>

Terms:	NET 30
Federal Tax ID Number:	86-0406402
Vendor Number:	860406402 A
Telephone Number:	480/423-0713
Fax Number:	480/423-0205
Contact Person:	Eugene R. Almer
Contract Period:	To cover the period ending <b>June 30, 2007.</b>